



245 Fifth Avenue, Suite 1802  
New York, NY, 10016

# Course Enrollment Form

Please **print** the form, fill it in, and **fax the completed form to 212-689-2089** to enroll in a course.

I would like to enroll in the following course(s): (mark the date(s) you prefer)

- Administrative Leadership**                     *Jun.6-7*                    or  *Oct.16-17*                    (\$800.00)
- Advanced Project Management Workshop**  *April 11-12*                    or  *July.10-11*                    (\$975.00)
- Business Writing On-The-Web**                    on  *August 14*                    or  *October 16*                    (\$925.00)
- Business Writing Skills**  *June 13-14*                    or  *Aug.22-23*                    or  *Nov.14-15*                    (\$875.00)
- Grammar and Usage On-The-Web** from                     *July16 to Sep 4*                    (\$925.00)
- Communicating for Results**  *May 22-23* or  *Sept.26-27*                    or  *Dec.4-5*                    (\$975.00)
- Complete Communication**                    on  *April 25*                    (\$490.00)
- Creative Problem Solving**                    on  *Oct 11*                    (\$375.00)
- Influence and Negotiation**                     *July 24*                    or  *Nov.6*                    (\$495.00)
- Peer Coaching**                     *April 19*                    or  *June 5*                    or  *Oct.24*                    (\$490.00)

## PARTICIPANT INFORMATION: (use billing address of the Credit Card)

Company Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Floor: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## BILLING INFORMATION:

***Payment in advance is required to secure your registration in the course.***

Payment may be made by credit card or you may choose to be invoiced.

Credit card info: Visa                     M/C                     American Express                     Discover   
 Card #: \_\_\_\_\_  
 The 3-digit# on back of card: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_                    Expiration Date: \_\_\_\_\_

**Or, to pay by invoice, please give name and address to be invoiced, below:**

\_\_\_\_\_  
\_\_\_\_\_

## COMMENTS:

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